


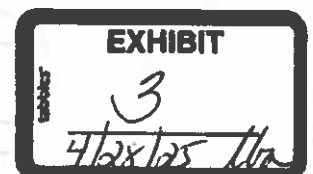
Exhibit 32

| | | | |
|---|------------------------------------|------------------------------------|-----------------------------------|
|  | 9.5 INCIDENT REPORT - EVENT | | |
| | External Number | Effective Date | Tags Incident |
| | Asset Mackenzie Rose | Filled By Brandon Kuster | Filled 01/22/2024 08:55 |



Form Response Items

| | | | |
|-----|--|------------|---------|
| ⋮ | ▲ | ⋮ Item | ⋮ Value |
| 1 | Incident Report | | |
| 1.1 | Report all collisions/allisions, groundings, strandings, mechanical failures, fires, injuries, etc. within one working day of an occurrence. The master shall promptly contact the Director of Port Operations if the occurrence is of a serious nature. The master is responsible for taking immediate action to protect life of the environment and property, and in case of collision, help should be offered if possible to other vessels. The information on this report should be accurate and all blanks must be filled in. | | |
| 2 | DATE, TIME, LOCATION & SUMMARY OF ENVIRONMENT | | |
| 2.1 | Date of Incident: | 01/21/2024 | |



CARVER 000829

2.2

Time of Incident:

08:35

2.3

Location - Name of Body of Water or Waterway:

Cooper River

2.4

* Latitude/Longitude or Mile Marker:

32*51.37'N
079*57.160'W

2.5

River Gauge (if applicable):

2.6

Vessel/Facility:

Pier K

3

MASTER & CREW

3.1

Always complete. Select Crew from dropdown menu.

3.2

Master:

James D. Morrissey (Inactive)

3.3

When did he / she become aware of incident:

At the time of occurrence

3.4

Name of first employee aware of the incident:

Brandon Kuster

3.5 What additional Employees observed / witnessed the incident: (attach statements to report)

3.6 Name: Brandon Kuster

3.7 Name: Justin Hogge

3.8 Name: James D. Morrissey (Inactive)

3.9 People other than crew:

4 DESCRIPTION OF INCIDENT:

4.1 The vessel was involved in a marine casualty consisting in (46 CFR 4.05-1 and 4.05-10) CHECK ALL BOXES THAT APPLY:

4.2 1. Unintended grounding or an unintended strike of (allision with) a bridge;

4.3 2. Intended grounding or intended strike of a bridge that created a hazard to navigation, the environment or the safety of the vessel or that meets any of the criteria in #3 through #8 below;

| | | |
|-----|--|--|
| 4.4 | 3. Loss of main propulsion, primary steering, or any associated component or control system that reduces the maneuverability of the vessel | |
|-----|--|--|

| | | |
|-----|---|--|
| 4.5 | 4. Occurrence materially and adversely affected the vessel's seaworthiness or fitness for service or route; | |
|-----|---|--|

| | | |
|-----|------------------|--|
| 4.6 | 5. Loss of life; | |
|-----|------------------|--|

| | | |
|-----|---|--|
| 4.7 | 6. Injury that requires professional medical treatment (treatment beyond first aid) and if the person is engaged or employed on board a vessel in commercial service, that renders the individual unfit to perform his or her routine duties; | |
|-----|---|--|

| | | |
|-----|--|------|
| 4.8 | 7. Occurrence causing property damage in excess of \$75,000.00 | Done |
|-----|--|------|

| | | |
|-----|---|--|
| 4.9 | 8. Occurrence involving significant harm to the environment | |
|-----|---|--|

| | | |
|------|---|--|
| 4.10 | THE VESSEL OR FACILITY WAS INVOLVED IN A COMMERCIAL DIVING CASUALTY (46 CFR 197.484); | |
|------|---|--|

| | | |
|------|------------------|--|
| 4.11 | 1. Loss of Life; | |
|------|------------------|--|

4.12

2. Diving related injury to any person causing incapacitation for more than 72 hours;

4.13

3. Diving related injury to any person requiring hospitalization for more than 24 hours

5

Weather Conditions

5.1

Weather

Clear

5.2

If other, please explain:

5.3

Natural Light:

Daylight

5.4

If other, please explain:

5.5

Visibility:

Good

5.6

If other, please explain:

5.7

Visibility in Miles:

5-10 miles

| | | |
|-----|----------------------|-------|
| 5.8 | Air Temperature (F): | 40* F |
|-----|----------------------|-------|

| | | |
|-----|-------------------|-----------|
| 5.9 | Wind Speed (kts): | 15-20 kts |
|-----|-------------------|-----------|

| | | |
|------|-----------------|-------|
| 5.10 | Wind Direction: | North |
|------|-----------------|-------|

| | | |
|------|--------------------|---------|
| 5.11 | Water Speed (kts): | 1.9 kts |
|------|--------------------|---------|

| | | |
|------|------------|-----|
| 5.12 | Direction: | EBB |
|------|------------|-----|

| | | |
|------|-------|--------|
| 5.13 | Tide: | 2.1 Ft |
|------|-------|--------|

| | | |
|------|-----------------|----|
| 5.14 | Sea Conditions: | 0' |
|------|-----------------|----|

| | | |
|---|-----------------------------------|--|
| 6 | STATUS OF INVOLVED PERSONS | |
|---|-----------------------------------|--|

| | | |
|-----|---|---|
| 6.1 | Total Number of Persons Onboard the Vessel: | 5 |
|-----|---|---|

| | | |
|-----|----------------------------------|---|
| 6.2 | Total Number of Persons Injured: | 0 |
|-----|----------------------------------|---|

| | | |
|-----|-------------------------------|---|
| 6.3 | Total Number of Persons Dead: | 0 |
|-----|-------------------------------|---|

| | | |
|-----|----------------------------------|---|
| 6.4 | Total Number of Persons Missing: | 0 |
|-----|----------------------------------|---|

| | | |
|-----|---|--|
| 6.5 | Injured Person - Name if a crew member: | |
|-----|---|--|

| | | |
|-----|---|--|
| 6.6 | Injured Person - Name if not a crew member: | |
|-----|---|--|

| | | |
|-----|---|--|
| 6.7 | Injured Person - Gender if not a crew member: | |
|-----|---|--|

| | | |
|-----|---|--|
| 6.8 | Injured Person Address and Phone Number if not a crew member: | |
|-----|---|--|

| | | |
|---|-------------------------|--|
| 7 | ABOUT THE INJURY | |
|---|-------------------------|--|

| | | |
|-----|--|--|
| 7.1 | Injury or Ailment Type (Check all that apply): | |
|-----|--|--|

| | | |
|-----|------------|--|
| 7.2 | Trip/Fall: | |
|-----|------------|--|

| | | |
|-----|---------|--|
| 7.3 | Strain: | |
|-----|---------|--|

7.4

Struck by/Hit:

7.5

Burn:

7.6

Cut:

7.7

Seizure:

7.8

Vomiting:

7.9

Fainting:

7.10

Sweating:

7.11

Rash:

7.12

Other:

7.13

* If other describe:

| | | |
|------|------------------------------------|--|
| 7.14 | Did the person lose consciousness? | |
|------|------------------------------------|--|

| | | |
|------|--------------------|--|
| 7.15 | * If so, duration: | |
|------|--------------------|--|

| | | |
|------|---|--|
| 7.16 | Body Part Affected: (be as detailed as possible; left foot; right index finger, top of head, lower back etc.) Describe how the body part was affected. | |
|------|---|--|

| | | |
|---|------------------|--|
| 8 | TREATMENT | |
|---|------------------|--|

| | | |
|-----|--|--|
| 8.1 | Did crew members or others give First Aid? | |
|-----|--|--|

| | | |
|-----|---|--|
| 8.2 | Who offered and /or administered First Aid? | |
|-----|---|--|

| | | |
|-----|--|--|
| 8.3 | Did the injured person refuse treatment at the time of the incident? | |
|-----|--|--|

| | | |
|-----|--|--|
| 8.4 | Were the paramedics or other medical personnel notified of the incident? | |
|-----|--|--|

| | | |
|-----|--|--|
| 8.5 | * If yes, list name of treating company / personnel, plus date and time: | |
|-----|--|--|

| | | |
|-----|---|--|
| 8.6 | Was the injured person taken to the hospital or other medical facility? | |
|-----|---|--|

| | | |
|-----|---|--|
| 8.7 | * If YES, name of hospital or facility: | |
|-----|---|--|

| | | |
|-----|--|--|
| 8.8 | * When and how did they get to the facility? | |
|-----|--|--|

| | | |
|-----|--|--|
| 8.9 | *Did a company representative accompany the person to the hospital / facility? | |
|-----|--|--|

| | | |
|------|---------------|--|
| 8.10 | *If yes, who? | |
|------|---------------|--|

| | | |
|---|-----------------------------|--|
| 9 | CASUALTY INFORMATION | |
|---|-----------------------------|--|

| | | |
|-----|---|-----|
| 9.1 | Was this a Serious Marine Incident as Defined in 46 CFR 4.03-27 | Yes |
|-----|---|-----|

| | | |
|-----|---|----|
| 9.2 | Is there evidence that alcohol or drug use by or intoxication of individuals directly involved in the casualty? | No |
|-----|---|----|

| | | |
|-----|---|--|
| 9.3 | If the answer to 6.2 is YES, identify those individuals for whom evidence has been obtained and specify the method to obtain such evidence. | |
|-----|---|--|

| | | |
|-----|--|----|
| 9.4 | Did any individual directly involved in the casualty refuse to submit to, or cooperate in, the administration of a timely chemical test, when directed by a law enforcement officer or by the marine employer? | No |
|-----|--|----|

| | | |
|-----|---|--|
| 9.5 | If the answer to 6.4 is YES, identify those individuals that refused to submit to, or cooperate in, the administration of a timely chemical test. | |
|-----|---|--|

| | | |
|-----------|--|--|
| 10 | NATURE AND CIRCUMSTANCE OF THE CASUALTY | |
|-----------|--|--|

| | | |
|------|---|--|
| 10.1 | 1. Activity or Operation being conducted at the time of the casualty: | |
|------|---|--|

| | | |
|------|--|--|
| 10.2 | 2. Description of the Casualty (casualty events and conditions and actions that were believed to be causal factors as well as any hazards created as a result of the casualty. | |
|------|--|--|

| | | |
|------|--|--|
| 10.3 | Any other comments, including with respect to use of or need for emergency response equipment: | |
|------|--|--|

| | | |
|-----------|---------------------------------------|--|
| 11 | ITEMS RELATING TO THE INCIDENT | |
|-----------|---------------------------------------|--|

| | | |
|------|---|--|
| 11.1 | What type of shoes were worn by the injured person at the time of the incident? | |
|------|---|--|

11.2

What was the deck surface in the area of the incident?

11.3

Was the injured person consuming alcohol prior to the incident?

11.4

Did the injured person appear intoxicated?

11.5

Did the injured person provide information in how the incident occurred?

11.6

* If yes, explain:

12

DAMAGE TO PROPERTY

12.1

Describe Property:

Corner of Pier K. Pilling on the North side of the dock.

12.2

Owner of Property:

Stevens Towing

12.3

Property Owner's Phone Number:

12.4

Property Owner's Address:

CARVER 000840

12.5

Describe Property Damage:

Corner of Pier K. Pilling bent in and concrete dock behind the pilling damaged

13

NOTIFICATION

13.1

Was the USCG Verbally Notified?

Yes

13.2

Was a 2692 completed?

Yes

13.3

Were the police or local authorities notified?

No

13.4

* Was a report taken?

Yes

13.5

When was Master notified?

08:35

13.6

When was the Designated Person notified?

08:50

13.7

List names of any others notified at time of incident:

Dispatcher Will Gedney.

14

WITNESSES TO THE INCIDENT

14.1 Have each individual complete a witness statement and attach to this report.

14.2 Other than crew were there other witnesses? Yes

14.3 If so, please list: There were a few people on Pier K that may have witnessed the incident.

15 INJURED PERSON

15.1 I have reviewed the incident report and feel that it accurately reports the facts as I know them. I have not made any false statements.

15.2 Injured Crew Member:

15.3 Injured Crewman's Last Four Numbers of Social Security Number:

16 PERSON MAKING THIS REPORT

16.1 I have completed the form completely and accurately and to the best of my ability. I have not made any false statements or inaccurate statements.

16.2

Name:

Brandon Kuster

17

SPILL (IF APPLICABLE)

17.1

Was there a release of product?

No

17.2

Was the release contained?

17.3

Did product spill into the water?

No

17.4

What was the product released/ spilled?

17.5

What was the approximate amount released/ spilled
on deck?

17.6

What was the approximate amount released/ spilled
in water?

17.7

Terminal where product was loaded:

NA

17.8

Terminal where product was discharged:

| | | |
|----|---------------------------------|--|
| 18 | EXPOSURE REPORT (IF APPLICABLE) | |
|----|---------------------------------|--|

| | | |
|------|-------------------|--|
| 18.1 | Date of Exposure: | |
|------|-------------------|--|

| | | |
|------|-------------------|--|
| 18.2 | Time of Exposure: | |
|------|-------------------|--|

| | | |
|------|-----------------------|--|
| 18.3 | Route(s) of Exposure: | |
|------|-----------------------|--|

| | | |
|------|-----------|--|
| 18.4 | PPE Used: | |
|------|-----------|--|

| | | |
|------|--|--|
| 18.5 | I decline a medical evaluation at this time. | |
|------|--|--|

| | | |
|------|--------------------------------|--|
| 18.6 | Employee Electronic Signature: | |
|------|--------------------------------|--|

| | | |
|------|----------------------------------|--|
| 18.7 | Supervisor Electronic Signature: | |
|------|----------------------------------|--|

| | | |
|----|----------------------------|--|
| 19 | DESIGNATED PERSON APPROVAL | |
|----|----------------------------|--|

| | | |
|--|--|------------------------------|
| | | Approved on 01/24/2024 09:51 |
|--|--|------------------------------|

| | | |
|------|----------------|--|
| 19.1 | Date Received: | |
|------|----------------|--|

| | | |
|--|--|------------|
| | | 01/21/2024 |
|--|--|------------|

19.2

Time Received:

09:00

19.3

Check that all necessary items have been completed and that all required forms have been submitted to the appropriate agencies. If not applicable, select N/A.

19.4

CG-2692 submitted via:

USCG Sector Charleston

19.5

Date CG-2692 submitted to USCG:

01/21/2024

19.6

Spill ONLY- Notify NRC:

N/A

19.7

Spill ONLY- Notify GLO:

N/A

19.8

Chemical Testing:

Done

19.9

Results from Chemical Testing:

Immediate swap conducted as negative and crew was sent to clinic for formal testing. All negative.

19.10

Date Chemical Testing Results Received:

01/22/2024

19.11

CG-2692B:

Done

CARVER 000845

| | | |
|-------|----------------------------------|------------|
| 19.12 | Date CG-2692B submitted to USCG: | 01/21/2024 |
|-------|----------------------------------|------------|

| | | |
|-------|-------------------------|-----------------------|
| 19.13 | CG-2692B submitted via: | USCG Secor Charleston |
|-------|-------------------------|-----------------------|

| | | |
|-------|-------------------------|-----|
| 19.14 | Personal Injury Report: | N/A |
|-------|-------------------------|-----|

| | | |
|-------|---|--|
| 19.15 | Date Personal Injury Report received from vessel: | |
|-------|---|--|

| | | |
|-------|--|------|
| 19.16 | Witness statements from all involved personnel (including dock personnel and vendors): | Done |
|-------|--|------|

| | | |
|-------|-------------------------|-----|
| 19.17 | Physician's Statements: | N/A |
|-------|-------------------------|-----|

| | | |
|-------|----------------------|------|
| 19.18 | Root Cause Analysis: | Done |
|-------|----------------------|------|

| | | |
|-------|--|------|
| 19.19 | Prepare/ Implement Corrective Action/ Preventative Action: | Done |
|-------|--|------|

@ Attachments

| 📄 Name | 📄 From | 📄 Type | 📄 Size | 📄 Attached |
|--------|--------|--------|--------|------------|
|--------|--------|--------|--------|------------|

Alexis ORourke
witness statement 01
21 24

Forms

docx

19.0 KB

01/22/2024 09:31

Alfredo Munoz
Witness Statement,
1.21.24

Forms

docx

19.1 KB

01/22/2024 09:32

Brandon Kuster
Witness Statement,
1.21.24

Forms

docx

19.2 KB

01/22/2024 09:32

James Morrissey
Witness Statement,
1.21.24

Forms

docx

19.2 KB

01/22/2024 09:32

Justin Hogge Witness
Statement 1.21.24

Forms

docx

19.1 KB

01/22/2024 09:32